

AUGUSTA RICHMOND COUNTY HUMAN RELATIONS COMMISSION

FOR STAFF USE ONLY

Case Type: _____ Case #: _____ Complainant's Role: _____

FOR COMPLAINANT'S USE

Date: _____

[Last]

[First]

[MI]

[Suffix]

Street Address

Apt./Lot #

City

County

State

Zip Code

Home Telephone #: () _____ - _____ Age: _____ Date of Birth: ____/____/____

Work Telephone #: () _____ - _____

Sex: [] Male [] Female Race: _____ National Origin: _____

Please check the following to indicate where you live. [] City [] County

{Please provide a name and address of a friend/relative who can contact you.}

Name: _____ Relationship to you: _____

Street Address

City

State

Zip Code

Telephone #: [] _____ - _____

THIS COMPLAINT IS AGAINST THE FOLLOWING PERSON, BUSINESS OR AGENCY:

Name: _____

Address _____

[Street Address]

City

[County]

[State]

[Zip Code]

Telephone #: [] _____ - _____

Official to be contacted: _____ Title: _____

[Manager, Owner, Plant Manager, etc.]

1. What type of work is your company involved in? _____

2. How many people are employed where you work(ed)? Please check the correct answer.
() 15 or More () Less than 15

3. On what date did the incident occur that you are complaining about? ____/____/____

4. What kind of harm did you suffer?

- | | | |
|-----------------------|-----------------------------|--------------------|
| () Discharge | () Demotion | () Suspension |
| () Layoff | () Write-up | () Transfer |
| () Wage reduction | () Limited/denied training | () Bad references |
| () No recall | () No hire | () Reduced hours |
| () Forced retirement | () Job classification | () Maternity |
| () Sexual harassment | () Other Specify | _____ |

5. When were you hired? ____/____/____.

At the time of your harm, what was your job title? _____.

What department were you in? _____.

What charge or criticism brought against you caused you to suffer harm?

6. What is it that you want HRC to do? (Please check the appropriate item(s))

() Assistance in getting your job back. () Neutral references.

() Other (please specify) _____

I _____, understand that I have the right to file a charge under the federal laws administered by the Human Relations Commission and the Equal Employment Opportunity Commission against a current, former or prospective employer in violation of these laws, even if my complaint does not suggest that I have been harmed in violation of those laws. I further understand and have been apprised of the statute of limitations in relation to the federal act that may apply to me.

COMPLAINANT SIGNATURE

HRC REPRESENTATIVE SIGNATURE

DATE